MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1		1			52							
3		2					53							
4							54							
5				1			55							
6				1			56							
7							57							
8							58							
9							59							
10				1			60							
11							61							
12							62							
13							63							
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18							68							
19							69							
20							70							
21							71							
22							72							
23				1			73							
24							74							
25				1			75							
26							76							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.		24					TOTAL DEP.							
TOTAL CLAIMS		25					TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-13P (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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